



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HEALTH

City of Hospital: Columbus

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Mary Spalding

Email Address: MSpalding@crh.org

Medicare Provider Number: 05-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$397543746
Outpatient Patient Service Revenue	\$522181184
Total Gross Patient Service Revenue	\$919724930

2. Deductions From Revenue

Contractual Allowance	\$460622961
Other Deductions	\$15007039
Total Deductions	\$475630000

3. Total Operating Revenue

Net Patient Service Revenue	\$444094930
Other Operating Revenue	\$7120003
Total Operating Revenue	\$451214933

4. Operating Expenses

Salaries and Wages	\$133590291	Employee Benefits	\$32625822
Depreciation and Amortization	\$24653724	Interest Expense	\$1344430
Bad Debt	\$7107595	Other Expenses	\$264677445
Total Operating Expenses	\$463999307		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-12784374	Total Assets	\$541404084
Net Non-operating Gains over Loss	\$49819236	Total Liabilities	\$541404084

Total Net Gains	\$37034862
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$424317857	\$283736430	\$140581427
Medicaid	\$191919871	\$77382533	\$114537338
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$299035244	\$110059077	\$188976167
Total	\$915272972	\$471178040	\$444094932

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$117970	\$-117970

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$903293	\$1844901	\$-941608
Hospital Patients	\$158485	\$291936	\$-133451
Community Education	\$0	\$532092	\$-532092

Number of Medical Professionals Trained	\$172
Number of Hospital Patients Educated	\$1980
Number of Citizens Exposed to Health Education Messages	\$47242

Statement Six: Charity Statement
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Hospital Charity Charges	\$15576208
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6721953	
HCI Payments	\$0		
Subtotal	\$0	\$6721953	\$-6721953
Medicaid Shortfalls	\$15892771	\$45342866	
Subtotal	\$15892771	\$52064819	\$-36172048
DSH Payments	\$7,151,107		
Subtotal	\$23043878	\$52064819	\$-29020941
Medicare Shortfalls	\$104141538	\$144390824	
Other Government Programs	\$0	\$0	
Total	\$127185416	\$196455643	\$-69270227

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1441149	\$-1441149
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$203571	\$-203571
Other Allocations	\$0	\$0	\$0

Comments

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